

	even the			es of another legal entity may utilize the services.					Rate Per Mile
Due Date All Route				To Cou Octobe	inty Supt er 1	t	To OPI October 15	;	\$1.57
County Name			County Number	er	District	Name			Legal Entity Number
Dawson			11		Glend	ive Publi	c Schools		0206 0207
Route #	Leng	th of Ro	ute (miles per day)		Type of		☐ Bus Route Mile☐ Non Bus Milea		Rated Capacity
4	55				Bus R	oute Mile			72
Vehicle I.D. #		License	: #	-	District		D ame of Owner	istrict Own	ed
6224				ct - if so, iv					
Reimbursement Distribution- E	nter the	e legal e		centage o			ursement to be pa	id to each dis	trict. Note: Percentages
Legal Entity		Legal E	Entity	must matt	Legal E			Legal Entity	1
0206			0207						
% 70.00		%	30.00		%			%	
PASSENGER INFORMATION		1	ELEMENTAR	V DIDED	<u> </u>	Г	IGH SCHOOL RID	EDC	TOTAL
Number of Preschool/Kindergarten pupils riding this route			(Grades		3	111	(Grades 9-12)	LNO	ELIGIBLE RIDERS
			a NUME	b NUMBER				c a + b	
Regular (include eligible Preschool/Kindergarten riders)				<i>-</i>			HOMBER		u · b
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Relate	d Service	е							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e. miles OR nonresident and no atten agreement)		3							
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible	rgarten ri	iders)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								uperintendent as are nd the State d county reimbursement for 0-126(2) MCA, signed by rtation Committee in	
bus operates on the route as a Signature - Chair, Board of Trustee	pproved								
Orginature - Oriali, Doditi Oli Trustee	,.							Date	
County This Application for Registratio area assigned to it by the Cour	n of Scl	hool Bus							
Signature - Chair, County Transpor	_	_						Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 Legal Entity Number County Name County Number District Name Glendive Public Schools 0206 0207 Dawson Length of Route (miles per day) Type of Service □ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 72 59 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 4168 45 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0206 0207 30.00 % % % 70.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades 9-12) **ELIGIBLE RIDERS** (Grades PK-8) riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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	even th			s of another legal entity may utilize the services.					Rate Per Mile
Due Date All Route:				To Co u Octobe	unty Supt er 1		To OPI October 15	Ş	\$1.57
County Name			County Nu	mber	District	Name			Legal Entity Number
Dawson			11		Glend	ive Publi	c Schools		0206 0207
Route #	Leng	gth of Ro	oute (miles per da	ıy)	Type of		☐ Bus Route Mile☐ Non Bus Milea		Rated Capacity
2	84				Bus R	oute Mile			72
Vehicle I.D. #		License	e #		District		D ame of Owner	istrict Own	ed
5409				ct - if so, in cted rate p					
Reimbursement Distribution- E	nter the	e legal e	ntity number and	percentage o			ursement to be pa	id to each dist	trict. Note: Percentages
Legal Entity		Legal I		must mate	Legal E			Legal Entity	1
0206			0207						
% 70.00		%	30.00		%			%	
PASSENGER INFORMATION			EL EMENI	TARY DIDER	c	1.0	IGH SCHOOL RID	VEDC.	TOTAL
Number of Preschool/Kindergarten pupils riding this route				TARY RIDER des PK-8)	3	П	(Grades 9-12)	JEKS	ELIGIBLE RIDERS
			NI	b NUMBER				c a + b	
Regular (include eligible Preschool/Kindergarten riders)				JMBER			NOMBER		u · b
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	d Servic	е							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attenagreement)		3							
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible	rgarten r)	riders)							
TOTAL RIDERS									
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bus operates on the route as a Signature - Chair, Board of Trustee	pprove								
organization - Origin, board or Trustee								Date	
County This Application for Registratio area assigned to it by the Cour	n of Sc	hool Bu	s and State Reim				ce with Section 20 d I certify that this		
Signature - Chair, County Transpor	_							Date	



Date

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 Legal Entity Number County Name County Number District Name Glendive Public Schools 0206 0207 Dawson Length of Route (miles per day) Type of Service □ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 78 65 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 6014 136 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0206 0207 30.00 % % % 70.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades 9-12) **ELIGIBLE RIDERS** (Grades PK-8) riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Signature - Chair, County Transportation Committee



This form is required in accorda receives state reimbursement e							one form for ea	ach bus route that
Due Date : All Routes				Coun ctober	ity Supt	To OPI October 15		Rate Per Mile \$1.57
County Name			County Number		District	Name		Legal Entity Number
Dawson			11		Glend	ive Public Schools		0206 0207
Route #	Lengtl	h of Route	(miles per day)		Type of	Service Bus Route Mi Non Bus Mile	-	Rated Capacity
7	30				Bus R	oute Mileage	age	72
Vehicle I.D. #	L	_icense #		_			District Own	ed
4169 109						ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- Er			state/co budget		aid to each dis	trict. Note: Percentages		
Legal Entity Legal Entity 0206 0207					Legal E		Legal Entit	у
0206 0207			0207					
% 70.00 % 3			0.00		%		%	
PASSENGER INFORMATION	ELEMENTARY RII	DEDC		HIGH COHOOL D	DEDC	TOTAL		
Number of Preschool/Kindergarten pupils riding this route			(Grades PK-8			HIGH SCHOOL R (Grades 9-12		ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/liriders)	NOMBER			NOWIDER		a · b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance garten rid	lers)						
TOTAL RIDERS								
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Signature - Chair, Board of Trustees	3						Date	
This Application for Registration area assigned to it by the Coun	of Schoty Trans	ool Bus ar sportation (nd State Reimburseme			accordance with Section eviewed and I certify that this		
Signature - Chair, County Transport		Date						



This form is required in accordar receives state reimbursement events.							ne form for ea	ach bus route that
Due Dates All Routes	s:	'	To	County S ober 1		To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	Distr	rict Name			Legal Entity Number
Dawson			11		ndive Public			0206 0207
Route #	Length o	of Route (miles per day)	Type of Service ☐ Bus Route N☐ Non Bus Mil				Rated Capacity
5	30				Route Mile	age		72
Vehicle I.D. # License # 28				□ Cor	trict Owned htract - If so, Na htracted rate pe	ame of Owner	istrict Own	ed
Reimbursement Distribution- En		je of state		irsement to be pa	id to each dis	trict. Note: Percentages		
Legal Entity 0206 Legal Entity 0207			,		al Entity		Legal Entit	у
% 70.00 %			00	%	,		%	
PASSENGER INFORMATION						011 0011001 011	-	
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RID (Grades PK-8)	ERS	Н	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
	NI					b NUMBER		c a+b
Regular (include eligible Preschool/kriders)	NUMBER			HOMBER				
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		s)						
TOTAL RIDERS								
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I certify that this application for r bus operates on the route as ap	proved by						sportation Cor	
Signature - Chair, Board of Trustees	;						Date	
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.								
Signature - Chair, County Transporta	ation Comm	nittee					Date	



This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that		
Due Date All Routes				County Suprober 1	To OPI October 15		Rate Per Mile \$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Dawson			11	Glend	ive Public Schools		0206 0207		
Route #	Length	of Route (miles per day)	Type of	Service Bus Route Mi Non Bus Mile	-	Rated Capacity		
9	30			Bus R	oute Mileage	age	72		
Vehicle I.D. # License #				□ District	Owned Council	District Own	ed		
8105 206					cted rate per mile				
Reimbursement Distribution- Er	nter the le	egal entity		e of state/co		aid to each dis	trict. Note: Percentages		
Legal Entity Legal Entity				Legal E		Legal Entity	у		
0206									
% 100.00 %				%		%			
PASSENGER INFORMATION		ELEMENTA DV DID		Lugu sausa p	DEDO	TOTAL			
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/Kindergarten			NOWBER		NOMBER		a + b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinders, Nonpublic School Riders (ineligible)	dance garten rider	rs)							
TOTAL RIDERS									
TOTAL RIBERO									
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Signature - Chair, Board of Trustees		,		urod u	esting and county fruit	Date			
County This Application for Registration area assigned to it by the Coun	of School	ol Bus and	State Reimbursement		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transportation Committee Date									



			0, Chapter 10, Part 1					one form for e	ach bus route that
receives state rein		hough tran	sportees of another	Ü	, ,				Rate Per Mile
	Due Dates: All Routes			Octob	ounty Supt per 1	:	To OPI October 15		\$0.95
County Name			County Number	٢	District	Name			Legal Entity Number
Dawson			11		Glend	ive Public	Schools		0206 0207
Route #	Ler	ngth of Rou	ute (miles per day)		Type of Service ☐ Bus Route Mi ☐ Non Bus Mile.			J	Rated Capacity
10		1	Bus R	oute Mile	age	_	18		
Vehicle I.D. #	#	□ District Owned District O □ Contract - If so, Name of Owner					ed		
4492			□ Contra	cted rate pe	r mile				
Reimbursement D	istribution- Enter th	he legal en			of state/co tch budget		rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity 0206	ntity 0207		Legal E			Legal Entit	ry		
0206			0207						
% 70.00	30.00		%			%			
PASSENGER INF	ORMATION		ELEMENTAR'	Y RIDER	28	ни	GH SCHOOL RI	DERS	TOTAL
Number of Preschool/Kindergarten pupils riding this route			(Grades F		νο	1110	(Grades 9-12		ELIGIBLE RIDERS
	a NUMPED				р		C		
Regular (include elig	NOWBI	NUMBER NUMI			NUMBER		a + b		
riders) 1st Wheelchair (WC))								
2nd Wheelchair (WC	;)								
Additional Wheelcha	irs (WC)								
Non-WC IEP Lists Tr	rans as Related Servi	ice							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Scho miles OR nonresider	ool Riders (i.e., under	r 3							
agreement)	eschool/Kindergarten	riders)							
Nonpublic School Ric									
TOTAL RIDERS									
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bus operates on the	ne route as approve		chool bus and state r within the transporta						
Signature - Chair, Board of Trustees								Date	
-			Committee Approv						
	or Registration of S t by the County Tra			ement h	as been re	viewed and	I certify that this	bus operates	within the transportation
	ounty Transportation (Date		



This form is required in accord receives state reimbursement						ete one form for e	each bus route that	
Due Dat	es:	ιαπορι	То С	ounty Sup	t To OPI		Rate Per Mile	
All Route	es		Octo	ber 1	October 15		\$1.57	
County Name			County Number	Distric	Name		Legal Entity Number	
Dawson			11		dive Public Schools		0206 0207	
Route #	Length of	Route	(miles per day)	Type o	of Service □ Bus Route □ Non Bus N	•	Rated Capacity	
7a Vehicle I.D. #	13.8	nno #		•	Route Mileage	District O	72	
4169					act - If so, Name of Owne act - If so, Name of Owne acted rate per mile	District Owi	100	
Reimbursement Distribution- E	al entity		e of state/c	ounty reimbursement to b	e paid to each di	strict. Note: Percentages		
Legal Entity Legal En 0206				atch budge Legal E		Legal Ent	ity	
% 100.00 %				%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL (Grades 9		TOTAL ELIGIBLE RIDERS	
		a NUMBER				C		
Regular (include eligible Preschoo	l/Kindergarten		NUMBER		NUMBE	:K	a + b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Relate	ed Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e miles OR nonresident and no atter								
agreement) (Include ineligible Preschool/Kinde Nonpublic School Riders (ineligible)						
TOTAL RIDERS								
We hereby certify that this bus County Transportation Committee We agree to supervision of this required; to provide a vehicle whic Superintendent; and to provide a li We also agree to refrain from s We understand that violations of this bus route.	. We further control bus and bus report the management of the mana	ertify that oute by t inimum s ied and a sing othe	t this bus transports pupils e the State Superintendent; to standards as established by approved driver to operate s ers to solicit students from o	eligible for so make such the Board o such vehicle other transpo	hool transportation as define reports to the State Superinte f Public Education, the Monta as required by 20-10-103, Montation areas.	d by 20-10-101, Mo endent and County ana Highway Patrol CA.	CA. Superintendent as are and the State	
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application fo bus operates on the route as a	r registration							
Signature - Chair, Board of Truster			3.5 3.3.5 5.3.3.6			Date	****	
This Application for Registration	on of School	Bus and	d State Reimbursement		accordance with Section			
area assigned to it by the Cou Signature - Chair, County Transpo			committee.			Date		



This form is required in accorda receives state reimbursement e						e one form for e	ach bus route that
	· ·	папоро	· ·	, ,			Rate Per Mile
Due Dates All Routes				ounty Sup ber 1	t To OPI October 15		\$1.57
County Name			County Number	District	Name		Legal Entity Number
Dawson			11	Glend	live Public Schools		0206 0207
Route #	Length of I	Route (miles per day)		Service Bus Route I		Rated Capacity
7b	12			Bus R	□ Non Bus Mi Route Mileage	leage	72
Vehicle I.D. #	Licen	se#		□ District		District Owr	ned
169 109					ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- Er	nter the legal	entity r				paid to each di	strict. Note: Percentages
Legal Entity Legal Entity				atch budget Legal E		Legal Enti	ty
0206							
9/				%		%	
% 100.00 % PASSENGER INFORMATION				/6		/0	
			ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL I (Grades 9-7		TOTAL ELIGIBLE RIDERS
Number of Preschool/Kindergarten pupils riding this route			(Glades 1 14-0)		(Grades 9-	12)	LEIGIBLE RIBERS
· -			a		b		С
Regular (include eligible Preschool/k	saulas (ingluda aligibla Praeghagul/indegratan				NUMBER	?	a + b
riders) 1st Wheelchair (WC)							
, ,							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend							
agreement) (Include ineligible Preschool/Kinderd							
Nonpublic School Riders (ineligible)	garteri riders)						
TOTAL RIDERS							
N/a hanaha andif dhaddhia haa			h	Deard of To		tatian ana anaina	
We hereby certify that this bus wi County Transportation Committee.	We further cer	tify that	this bus transports pupils e	ligible for sch	nool transportation as defined	by 20-10-101, MC	A.
We agree to supervision of this b required; to provide a vehicle which	meets the min	imum st	andards as established by	the Board of	Public Education, the Montan	a Highway Patrol	
Superintendent; and to provide a lice We also agree to refrain from sol	iciting or caus	ing other	rs to solicit students from o	ther transpor	tation areas.		
We understand that violations of this bus route.		ū		·		· ·	•
We agree that if this route crosse the school boards of both districts sh			•		, ,,	ween Boards, 20-	-10-126(2) MCA, signed by
We understand route changes or accordance with 20-10-132, MCA.						ne County Transp	ortation Committee in
I certify that this application for i							
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date							
County 1 This Application for Registration					accordance with Section		
area assigned to it by the Count	ty Transporta	ation Co				·	
Signature - Chair, County Transporta	ation Committ	ee				Date	



This form is required in accordareceives state reimbursement e						one form for ea	ach bus route that	
		Jugii tiane		, ,			Rate Per Mile	
Due Date All Routes				County Sup ober 1	t To OPI October 15		\$0.95	
County Name			County Number	District	Name		Legal Entity Number	
Dawson			11	Glend	live Public Schools		0206 0207	
Route #	Leng	th of Rout	e (miles per day)		f Service Bus Route Mi		Rated Capacity	
Spec Ed 2a	12			Bus F	□ Non Bus Mile Route Mileage	age	14	
Vehicle I.D. #		License #	!	1 .		District Own	ed	
9871 144					act - If so, Name of Owner acted rate per mile			
Reimbursement Distribution- En	e legal enti	tity number and percentage of state/county reimbursement to be paid to each district. Note: Percentage must match budget!						
Legal Entity Legal En				Legal E		Legal Entit	у	
0206								
% 100.00 %				%		%		
PASSENGER INFORMATION				_			_	
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten			NOMBER	HOMBER				
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service	9						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attention		,						
agreement) (Include ineligible Preschool/Kinder		ders)						
Nonpublic School Riders (ineligible)	١							
TOTAL RIDERS								
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I certify that this application for bus operates on the route as ap	oproved				·	sportation Cor	•	
Signature - Chair, Board of Trustees	5					Date		
This Application for Registration	n of Sch	nool Bus a	and State Reimbursement		accordance with Section eviewed and I certify that this			
area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date								



This form is required in accordareceives state reimbursement e									one form for e	ach bus route that	
Due Date:				· ·		inty Supt		To OPI		Rate Per Mile	
All Routes					ctobe		•	October 15		\$1.57	
County Name			Cour	nty Number		District	Name			Legal Entity Number	
Dawson			11			Glend	ive Public	Schools		0206 0207	
Route #	Len	gth of Ro	ute (miles	per day)			Service	□ Bus Route Mi	-	Rated Capacity	
1a	11					Bus R	oute Mile	□ Non Bus Milea age	age	e 72	
Vehicle I.D. #		License	#			District	Owned		District Owr	ned	
6223 44				□ Contract - If so, Name of Owner □ Contracted rate per mile							
Reimbursement Distribution- Er	e legal ei	ntity numb			f state/co		irsement to be p	aid to each dis	strict. Note: Percentages		
Legal Entity Legal Enti			ntity	must	mate	Legal E			Legal Enti	ty	
0206											
% 100.00 %						%			%		
PASSENGER INFORMATION			ELF	TATALITA DV D	DED		1	011 0011001 D	DEDO	TOTAL	
Number of Preschool/Kindergarten pupils riding this route			ELI	EMENTARY RI (Grades PK-8		5	HIG	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
-			a					b NUMBER		C	
	gular (include eligible Preschool/Kindergarten				NUMBER			NUMBER		a + b	
riders) 1st Wheelchair (WC)											
2nd Wheelchair (WC)											
Additional Wheelchairs (WC)											
Non-WC IEP Lists Trans as Related	Servic	се									
TOTAL ELIGIBLE RIDERS											
Ineligible Public School Riders (i.e., miles OR nonresident and no attention		3									
agreement) (Include ineligible Preschool/Kinderg		riders)									
Nonpublic School Riders (ineligible)											
TOTAL RIDERS											
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County This Application for Registration								e with Section 2			
area assigned to it by the Coun	ty Tra	nsportati			iii na	s neen fe	vieweu and	i i ceruiy triat this		s within the transportation	
Signature - Chair, County Transportation Committee.									Date		



1 copy State Supt. 1 copy County Supt. 1 copy School District

PO Box 202501
Helena, MT 59620-2501

State Reimbursement
School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 Legal Entity Number County Name County Number District Name Glendive Public Schools 0206 0207 Dawson Route # Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Rated Capacity □ Non Bus Mileage Noon K 1 9 16 **Bus Route Mileage** Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 1735 235 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0206 100.00 % % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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				Chapter 10, Part 1, MCA ortees of another legal e					one form for e	ach bus route that
receives state rem	ilburacinent eve	on though	тианор	· ·		,		vices.		Rate Per Mile
	Due Dates: All Routes				ounty ober 1	/ Supt		To OPI October 15		\$0.95
	All Roules			Ocio	bbei i			October 15		φ0.95
County Name				County Number	Di	istrict N	Name			Legal Entity Number
Dawson				11	G	Slendi	ve Publi	c Schools		0206 0207
Route #	1	Length o	f Route	(miles per day)	Type of Service ☐ Bus Route N				-	Rated Capacity
10a		11						□ Non Bus Mile	age	18
Vehicle I.D. #			ense #		T '		oute Mile			
4400				□ District Owned District Owned Contract - If so, Name of Owner				JISHICL OWI	eu	
4492 181						ted rate pe				
Reimbursement Distribution- Enter the legal entit								ursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity Legal Ent			nal Entity	must m		udget! egal En			Legal Entit	V
0206			yai Liitt	y	LO	yai Li	itity		Logar Litti	У
% 100.00 %			%			%			%	
PASSENGER INF	FORMATION									
Number of Preschool/Kindergarten pupils				ELEMENTARY RIDE (Grades PK-8)	ERS		HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route				(Glades 1 14-0)				(Grades 5-12)	LEIGIBLE RIBERO
							b			
				a NUMBER				NUMBER		c a + b
Regular (include elig riders)	ible Preschool/Kin	1								
1st Wheelchair (WC))									
2nd Wheelchair (WC	<u>;)</u>									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Tr	rans as Related S	ervice								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho										
miles OR nonresider agreement)	nt and no attendan	nce								
(Include ineligible Pro		rten riders)							
Nonpublic School Ri	ders (ineligible)									
TOTAL RIDERS										
We hereby certify	that this bus will o	operate er	ntirely on	the route established by the	e Board	d of Trus	stees and w	ithin the transporta	tion area assign	ed and approved by the
				t this bus transports pupils of the State Superintendent; to						
required; to provide a	a vehicle which me	eets the m	ninimum s	standards as established by	the Boa	oard of F	Public Educa	ation, the Montana	,	•
				approved driver to operate sers to solicit students from o				/ 20-10-103, MCA.		
We understand th								ent cause for withh	olding of state a	nd county reimbursement for
We agree that if the	this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by									
				e county superintendent's control has been been been been to be commended to be commended to be commended to be				and approval of the	County Transpo	ortation Committee in
accordance with 20-	10-132, MCA.									
				ool bus and state reimbu hin the transportation se						edge and belief, and the mmittee.
Signature - Chair, Board of Trustees								·	Date	
	County Tr	anenorta	ation Co	ommittee Approval as	require	ed in s	accordano	e with Section	 20-10-132 M/C	:Δ
	or Registration o	of School	Bus and	d State Reimbursement						within the transportation
area assigned to it				Committee.					Doto	
Signature - Chair, County Transportation Committee									Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 Legal Entity Number County Name County Number District Name Glendive Public Schools 0206 0207 Dawson Route # Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Rated Capacity □ Non Bus Mileage Noon K 3 11 18 **Bus Route Mileage** Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 4492 181 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0206 100.00 % % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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I his form is required in accorda receives state reimbursement e Due Dates All Routes	ven the		portees of another le		may utilize the s			Rate Per Mile \$1.57
County Name			County Number		District Name			Legal Entity Number
Dawson			11		Glendive Pub	olic Schools		0206 0207
Route #	Leng	th of Rout	e (miles per day)	Type of Service □ Bus Route Mil				Rated Capacity
6b	10				Bus Route M	□ Non Bus Mile	age	72
Vehicle I.D. #		License #			District Owned		District Own	ed
6332		54			Contract - If so, Contracted rate	Name of Owner		
Reimbursement Distribution- En	nter the	e legal enti		entage of s	state/county reim		aid to each dis	strict. Note: Percentages
Legal Entity		ust match	budget! Legal Entity		Legal Entit	v		
Legal Entity Legal Entity 0206			,		Logar Errary		Logai Lina	,
% 100.00 %					%		%	
PASSENGER INFORMATION								
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY (Grades Pl			HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBE	:R	b NUMBER			c a + b
Regular (include eligible Preschool/Kindergarten riders)			-			-		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	е						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
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I certify that this application for r bus operates on the route as ap	proved							
Signature - Chair, Board of Trustees	_ 						Date	
This Application for Registration area assigned to it by the Count	of Scl y Tran	hool Bus ansportation					bus operates	
Signature - Chair, County Transportation Committee Date								



This form is required in accorda receives state reimbursement e						one form for e	ach bus route that			
	ŭ	ппанърс	· ·	, ,			Rate Per Mile			
Due Dates All Routes				ounty Supt ber 1	t To OPI October 15		\$1.57			
County Name			County Number	District	Name		Legal Entity Number			
Dawson			11	Glend	live Public Schools		0206 0207			
Route #	Length o	of Route	(miles per day)		Service Bus Route N		Rated Capacity			
Noon K 2	9			Bus R	□ Non Bus Mil Route Mileage	eage	72			
Vehicle I.D. #	Lice	ense #		□ District		District Owr	ned			
4169	10	9			ct - If so, Name of Owner cted rate per mile					
Reimbursement Distribution- Er	nter the leg	gal entity				paid to each dis	strict. Note: Percentages			
Legal Entity	Le	gal Entity		atch budget Legal E		Legal Enti	ty			
0206										
% 100.00		%		%		%				
PASSENGER INFORMATION	•	/0		/6		/0	•			
Number of Preschool/Kindergar	ten nunils		ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS			
riding this route			(Grades Fit o)		(Oracos o 1	_,	LEIGIBLE RIBERG			
			a		b		С			
Regular (include eligible Preschool/ł	l Kindergarter	n	NUMBER		NUMBER		a + b			
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
, ,										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend										
agreement) (Include ineligible Preschool/Kinderd		;)								
Nonpublic School Riders (ineligible)	,									
TOTAL RIDERS										
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County 1 This Application for Registration					accordance with Section					
area assigned to it by the Count	ty Transpo	rtation C								
Signature - Chair, County Transporta	ation Comm	ııttee				Date				



				Chapter 10, Part 1, MCA					one form for e	ach bus route that
receives state rein	nbursement eve	ŭ	anspo	ortees of another legal e	,			vices. To OPI		Rate Per Mile
	All Routes	•		Octo		nty Supt	•	October 15		\$1.57
County Name				County Number		District	Name			Legal Entity Number
Dawson				11		Glend	ive Public	c Schools		0206 0207
Route #		Length of R	oute (miles per day)		Type of		□ Bus Route Mi□ Non Bus Mile	0	Rated Capacity
5a		6			Bus Route Mileage					72
Vehicle I.D. #		Licens	se#		_	District			District Owr	ned
6333		28					ct - if so, iva	ame of Owner er mile		
Reimbursement D	istribution- Ente	er the legal of	entity			state/co		irsement to be p	aid to each di	strict. Note: Percentages
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PASSENGER INF	ORMATION									
Number of Presch riding this route	nool/Kindergarte	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS		HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
				a				b		С
Regular (include eligible Preschool/Kindergarten				NUMBER				NUMBER		a + b
riders) 1st Wheelchair (WC))									
2nd Wheelchair (WC	;)									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Ti	rans as Related S	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Schomiles OR nonresider										
agreement) (Include ineligible Pr										
Nonpublic School Ri		aton nacio;								
TOTAL RIDERS										
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	pplication for re									edge and belief, and the
bus operates on the Signature - Chair, Bo		roved by an	d with	in the transportation se	ervic	e area a	ssigned by	the County Tran	sportation Co Date	mmittee.
<u> </u>										
This Application for				mmittee Approval as						CA. s within the transportation
area assigned to i	t by the County	Transporta	tion C			2.20.110				and portation
Signature - Chair, Co	ounty Transportat	ion Committe	е						Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

Linda McCulloch, Superintendent

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 Legal Entity Number County Name County Number District Name Glendive Public Schools 0206 0207 Dawson Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 72 1b 7.5 **Bus Route Mileage** Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 6223 44 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0206 100.00 % % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



1 copy State Supt. 1 copy County Supt. 1 copy School District

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This form is required in accordance receives state reimbursement							e one form for e		
Due Date All Route				To Cou	unty Supt er 1	To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number		District	Name		Legal Entity Number	
Dawson			11			ive Public Schools		0206 0207	
Route #	Lenç	gth of Rou	ute (miles per day)		Type of	Service Bus Route Non Bus M	3 -	Rated Capacity	
4a	7				Bus R	oute Mileage	Ü	72	
Vehicle I.D. # 6224		License 71	#			Owned ct - If so, Name of Owner cted rate per mile	District Owr	ed	
Reimbursement Distribution- E	nter the	e legal en		entage c	of state/co	unty reimbursement to be	paid to each dis	strict. Note: Percentages	
Legal Entity 0206 Legal Entity				ust mate	ch budget Legal E		Legal Enti	y y	
% 100.00		%			%		%		
PASSENGER INFORMATION			ELEMENTARY	DIDED	9	HIGH SCHOOL	DIDEDS	TOTAL	
Number of Preschool/Kinderga riding this route	irten pu	ıpils	(Grades Pl		.0	(Grades 9-		ELIGIBLE RIDERS	
	a NUMB			ER NUMB			₹	c a+b	
Regular (include eligible Preschool riders)	Regular (include eligible Preschool/Kindergarten					TTO WIEL		u i	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Relate	d Servic	e							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e. miles OR nonresident and no atten agreement)	dance								
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible		riders)							
TOTAL RIDERS									
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I certify that this application for bus operates on the route as a									
Signature - Chair, Board of Trustee		,	are nameportati	30. 1		22 J. 12 2 J. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Date		
This Application for Registratio	n of Sc	hool Bus	and State Reimburser			accordance with Sectio			
area assigned to it by the Cour Signature - Chair, County Transpor	_		on Committee.				Date		
							1		



1 copy State Supt. 1 copy County Supt. 1 copy School District

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501

This form is required in accorda receives state reimbursement e							one form for ea	ach bus route that	
Due Date All Routes				To Cor Octobe	unty Supt er 1	To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number		District	Name		Legal Entity Number	
Dawson			11			ive Public Schools		0206 0207	
Route #	Length of Route (miles per day)				Type of	f Service □ Bus Route Mi □ Non Bus Mile	-	Rated Capacity	
6a	7				Bus R	Coute Mileage	age	72	
Vehicle I.D. #		License	#		□ District □ Contra	: Owned C ct - If so, Name of Owner	District Own	ed	
6332		54			□ Contra	cted rate per mile			
Reimbursement Distribution- Er	nter th	e legal en			of state/co		aid to each dis	trict. Note: Percentages	
Legal Entity 0206		Legal E			Legal E		Legal Entit	у	
0200							_		
% 100.00		%			%		%		
PASSENGER INFORMATION			ELEMENTARY	/ DIDED	· C	HIGH SCHOOL RI	DEBC	TOTAL	
Number of Preschool/Kindergar riding this route	ten pu	upils	(Grades P		.5	(Grades 9-12		ELIGIBLE RIDERS	
			a NUMBE			b NUMBER		c a+b	
Regular (include eligible Preschool/liriders)	Kinderg	garten	NOWIDE	WBER NOWBE				a · b	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Servic	ce							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)	lance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		riders)							
TOTAL RIDERS									
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olynature - Orian, board of Trustees	•						Dale		
County This Application for Registration area assigned to it by the Coun	of Sc	chool Bus	and State Reimburse			accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transport	ation C	Committee					Date		



T1 : 6 : :		10 T10	00 01		. ^					
This form is require receives state reim									one form for e	ach bus route that
				· ·	•	,				Rate Per Mile
	Due Dates: All Routes				Coun ober	ity Supt		To OPI October 15		\$0.95
	All Noutes			000	ODCI	'		October 15		ψ0.55
County Name			Co	unty Number		District	Name			Legal Entity Number
Dawson			11			Clond	ivo Dublic	. Coboolo		0206 0207
Dawson Route #	Route # Length of Route (miles per day)							C Schools ☐ Bus Route Mi	leane	0206 0207 Rated Capacity
riodio n		•	outo (mic	o por day)		i ypc oi		□ Non Bus Mile	U	ration supporty
Spec Ed 1	23					Bus R	oute Mile	age		16
Vehicle I.D. #		Licens	e#			District			District Own	ned
1735		235					ct - If so, Na cted rate pe	ame of Owner		
	atribution Entar th		ntity num	har and nargantag					aid to cook die	strict. Note: Percentages
Reimbursement Di	Stribution- Enter th	ie iegai e	entity num			state/co i budget		irsement to be p	alu lu each uis	sinci. Note. Percentages
Legal Entity		Legal	Entity			Legal E	ntity		Legal Enti	ty
0206										
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PASSENGER INFO	ORMATION	I	F	LEMENTARY RIDI	FRS		HI	GH SCHOOL RI	DERS	TOTAL
Number of Prescho	ool/Kindergarten p	upils	_	(Grades PK-8)	_, , ,			(Grades 9-12		ELIGIBLE RIDERS
riding this route		1								
				a				b		С
Danilar (include aliai	hia Dasada al/Kinda			NUMBER				NUMBER		a + b
Regular (include eligil riders)	bie Preschool/Kinder	garten								
1st Wheelchair (WC)										
2nd Wheelchair (WC))									
Additional Wheelchair	rs (WC)									
Non-WC IEP Lists Tra	ans as Related Servi	Ce								
		00								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho		3								
miles OR nonresident agreement)	t and no attendance									
(Include ineligible Pre Nonpublic School Rid		riders)								
Nonpublic School Rid	lers (meligible)									
TOTAL RIDERS										
\\/_ b = = b = = ±i£	4h-4 4h-i- h		h th		- D	T		th:- th- t	·	
County Transportation										ed and approved by the A.
We agree to super required; to provide a										Superintendent as are
Superintendent; and t	to provide a licensed,	, qualified	and appro	ved driver to operate	such '	vehicle a	s required by		riigiiway r alioi	and the state
				solicit students from one governing school to				ent cause for withh	olding of state a	nd county reimbursement for
this bus route.	ije rojite orosees distr	rict lines a	nd transno	rte etudente from oute	eida th	ha dietric	a conv of th	e agreement hetw	een Boards 20-	10-126(2) MCA, signed by
the school boards of b	both districts shall be	attached	to the cour	nty superintendent's c	ору о	of this do	cument.	· ·		, , , , ,
We understand roa accordance with 20-1		ig during t	ne school y	ear require the filing	ot an	amende	IR-1 form a	and approval of the	County Transp	ortation Committee in
I certify that this ap	plication for regist									edge and belief, and the
bus operates on the Signature - Chair, Box		ed by an	d within th	ne transportation se	ervice	e area a	ssigned by	the County Tran	sportation Co	mmittee.
oignature - Onair, Bu	ara Or Trustees								Date	
	County Trans	nortatio	n Comm	ittee Approval as	reau	iired in	accordance	e with Section	 20-10-132 MC	:Δ
	r Registration of So	chool Bu	s and Sta	te Reimbursement						s within the transportation
area assigned to it				nittee.					Dot-	
Signature - Chair, Co	unity iransportation (ornmittee	;						Date	



This form is required in accorda							one form for e	ach bus route that
receives state reimbursement e	ven thou	ign transpo	ortees of another legal e	entity may ut	llize the serv	rices.		Rate Per Mile
Due Dates All Routes				ounty Supt ber 1	İ	To OPI October 15		\$0.95
County Name			County Number	District	Name			Legal Entity Number
Dawson			11	Glend	ive Public	Schools		0206 0207
Route #	Length of Route (n			Type of		☐ Bus Route Mil ☐ Non Bus Milea		Rated Capacity
Spec Ed 2	17			Bus R	oute Mile		14	
Vehicle I.D. #	Li	icense #		□ District□ Contra		me of Owner	District Owr	ned
9871	1	44			cted rate pe			
Reimbursement Distribution- Er	nter the le	egal entity				rsement to be pa	aid to each di	strict. Note: Percentages
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PASSENGER INFORMATION			E1 E14E14E14E14		1		2522	T0.T41
Number of Preschool/Kindergar riding this route	ten pupil	ls	ELEMENTARY RIDE (Grades PK-8)	ERS	HIC	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/kriders)	Kindergart	ten						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderc	ance	are)						
Nonpublic School Riders (ineligible)	garteri nac	213)						
TOTAL RIDERS								
We hereby certify that this bus wi								
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a licc We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts she we understand route changes or accordance with 20-10-132, MCA.	us and bu meets the ensed, qua iciting or o the laws, i es district li nall be atta	us route by the minimum sealified and a causing other rules or regulations and trached to the	ne State Superintendent; to tandards as established by pproved driver to operate s rs to solicit students from o ulations governing school tr nsports students from outsi county superintendent's co	make such r the Board of such vehicle a other transpor ransportation de the districtory of this doe	eports to the S Public Educat s required by tation areas. will be sufficie t, a copy of the cument.	State Superintender ion, the Montana (20-10-103, MCA.) and cause for withher agreement between	ent and County Highway Patrol olding of state a een Boards, 20	Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for rubus operates on the route as ap								
Signature - Chair, Board of Trustees	•	<i>y</i>			- J		Date	
County 1 This Application for Registration area assigned to it by the County	of Scho	ool Bus and						
Signature - Chair, County Transport	, ,						Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

Linda McCulloch, Superintendent

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 Legal Entity Number County Name County Number District Name Glendive Public Schools 0206 0207 Dawson Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 72 20 **Bus Route Mileage** Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 6223 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0206 0207 30.00 % % % 70.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades 9-12) **ELIGIBLE RIDERS** (Grades PK-8) riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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This form is required in accordar receives state reimbursement ev							one form for ea	ach bus route that	
Due Dates		o ag a	•	•	nty Supt			Rate Per Mile	
All Routes	-			Octobe		October 15		\$1.57	
County Name			County Number		District	Name		Legal Entity Number	
Dawson			11		Glend	ive Public Schools		0206 0207	
Route #	Leng	th of Rout	e (miles per day)			Service Bus Route Mi	-	Rated Capacity	
6	21	21			Bus R	□ Non Bus Milea Coute Mileage	age	72	
Vehicle I.D. #		License #	ŧ.		District	Owned [District Own	ed	
6332		54				ct - If so, Name of Owner cted rate per mile			
Reimbursement Distribution- Ent	ter the	e legal enti			f state/co th budget		aid to each dis	strict. Note: Percentages	
Legal Entity		Legal En	tity	aot mate	Legal E		Legal Entit	у	
0206			0207						
% 70.00		% 3	30.00		%		%		
PASSENGER INFORMATION			EL EMENTA DV	DIDED		LIIOLI OOLIOOL BI	DEDO	TOTAL	
Number of Preschool/Kindergarteriding this route	en pu	pils	ELEMENTARY (Grades Pl		5	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBE	D		b NUMBER		c a + b	
Regular (include eligible Preschool/K	inderg	arten	NOWBE	IX.		NOMBER		a + D	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	е							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda		3							
agreement) (Include ineligible Preschool/Kinderga	arten ri	iders)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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This Application for Registration	of Scl	hool Bus a	and State Reimburser			accordance with Section 2 eviewed and I certify that this			
area assigned to it by the County Signature - Chair, County Transporta			i Committee.				Date		



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

receives state reimbursement e		,							
Due Dates	s:		To Co	ounty Supt	t	То ОРІ		Rate Per Mile	
All Routes			Octol	ber 1		October 15		\$0.95	
County Name			County Number	District	Name			Legal Entity Number	
Dawson	Dawson			Riche	y Public	Schools		0227 0228	
Route #	Length of	Route	(miles per day)		Service	□ Bus Route Mi		Rated Capacity	
3	110			Bus R	oute Mile	□ Non Bus Mile eage	age	33	
Vehicle I.D. #	Lice	nse #		□ District	Owned	(Contractor C	Owned	
0410	C70	00			ct - If so, N cted rate p	ame of Owner l er mile	Larry Smith		
Reimbursement Distribution- En	iter the lega	al entity		of state/co		ursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity	Leg	al Entit		Legal E			Legal Entit	у	
0227		0	228						
% 75.00	C	% 25	5.00	%			%		
PASSENGER INFORMATION								_	
Number of Preschool/Kindergar riding this route	Number of Preschool/Kindergarten pupils		ELEMENTARY RIDE (Grades PK-8)	RS	H	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
				a NUMBER				c a+b	
Regular (include eligible Preschool/hriders)	Regular (include eligible Preschool/Kindergarten								
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance								
Nonpublic School Riders (ineligible)	,,								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
bus operates on the route as ap Signature - Chair, Board of Trustees		and wit	thin the transportation ser	vice area a	ssigned by	the County Tran	sportation Cor	nmittee.	
		-		_					
This Application for Registration area assigned to it by the Count	of School ty Transpor	Bus an tation (s bus operates		
Signature - Chair, County Transporta	ation Commi	ttee			_		Date		



This form is required in accordance receives state reimbursement ex							nplete one form fo	or each bus route that	
Due Dates All Routes	s:	- g		Ü	unty Sup		r 15	Rate Per Mile \$0.95	
	1				21 I	October	13		
County Name			County Number	•	District	Name		Legal Entity Number	
Dawson				Richey Public Schools				0227 0228	
Route #	Lengt	ength of Route (miles per day)			Type of	f Service □ Bus Ro □ Non Bu	oute Mileage us Mileage	Rated Capacity	
2	107				Bus R	Route Mileage	ao miloago	30	
Vehicle I.D. #	l l	License	#		District		Contracto		
8764		C856			□ Contra	ct - If so, Name of Ov cted rate per mile			
Reimbursement Distribution- En	nter the	legal er			of state/co		to be paid to each	district. Note: Percentages	
Legal Entity		Legal E	ntity		Legal E		Legal E	Entity	
0227			0228						
% 55.00		%	45.00		%		%		
PASSENGER INFORMATION	_							_	
Number of Preschool/Kindergard riding this route	ten pup	oils	ELEMENTARY (Grades F		S		OOL RIDERS es 9-12)	TOTAL ELIGIBLE RIDERS	
	a			b			-	С	
Regular (include eligible Preschool/Kindergarten			NUMBER			NUN	MBER	a + b	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e.,									
miles OR nonresident and no attenda agreement)									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ders)							
TOTAL RIDERS									
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I certify that this application for r bus operates on the route as ap									
Signature - Chair, Board of Trustees		•	•			•	Date		
County T This Application for Registration area assigned to it by the Count	of Sch	ool Bus							
Signature - Chair, County Transporta							Date		



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

receives state reimbursement e	ven though tra	nsportees of another legal	entity may ut	ilize the services.		Data Dan Mila			
Due Dates All Routes			County Supt ober 1	To OPI Octobe		Rate Per Mile \$0.95			
County Name		County Number	District	Name		Legal Entity Number			
Dawson		11		y Public Schools		0227 0228			
Route #	Length of Ro	ute (miles per day)	Type of		oute Mileage us Mileage	Rated Capacity			
1	117		Bus R	oute Mileage	us ivilleage	35			
Vehicle I.D. #	License	#	□ District		Contracto				
1036	C699			ct - If so, Name of O cted rate per mile	wner Larry Sm	ith 			
Reimbursement Distribution- En	iter the legal ei				to be paid to each	district. Note: Percentages			
Legal Entity	Legal E		natch budget Legal E		Legal E	Entity			
0227		0228		,		•			
% 40.00	%	60.00	%		%				
% 40.00 PASSENGER INFORMATION	70	60.00	70		70				
	Number of Preschool/Kindergarten pupils		ERS		OOL RIDERS es 9-12)	TOTAL ELIGIBLE RIDERS			
				NUI	b MBER	c a + b			
Regular (include eligible Preschool/hriders)	Kindergarten								
1st Wheelchair (WC)									
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Additional Wheelchairs (WC)									
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This Application for Registration	of School Bus								
area assigned to it by the Count Signature - Chair, County Transporta	, ,	on committee.			Date				